

Cambian Asperger Syndrome Services Limited Stratford Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Stratford Lodge is a care home which provides accommodation and personal care for up to nine people with autism. All of the people who live at the service have attended the nearby Grateley House School. People continued to receive specialist therapy services from the school and some also attend local colleges. The service is part of the school's post 16 'sixth form' provision and supports people who are preparing to leave the school to move to more independent settings. At the time of our inspection nine people were living at Stratford Lodge, all of whom were aged between 17 and 19.

This inspection took place on 22 February 2016 and was unannounced. We returned on 2 March 2016 to meet with more of the students and complete the inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of the inspection the registered manager was on a period of leave. The provider had notified CQC of the registered manager's absence and had appointed a manager to cover her role. The registered manager was expected to return to work in March 2016.

People who use the service were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I can't think of anything I don't like. I liked it at school, but it's much more independent here"; "Staff treat us well and provide good support" and "I am very happy here, I've never had any problems. Staff treat me well and I feel safe".

People told us they felt safe when receiving care and were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us staff provided support in the way that they wanted it and that they were kind.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their experiences and there was a robust complaints procedure. One person told us "I would speak to my personal tutor or the manager if I had any problems. They would help sort the issue out".

The manager assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Good ●

Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health needs were assessed and staff supported people to stay healthy. People were supported to develop skills to live and work independently.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their support package.

Good ●

Is the service caring?

The service was caring. People spoke positively about staff and the support they received. This was supported by what we observed.

Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Good ●

Is the service responsive?

Good ●

The service was responsive. People and their relatives were supported to make their views known about their support. People were involved in planning and reviewing their support package.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to develop their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

The service was well led, with strong leadership and values, which were person focused. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Good ●

Stratford Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 February 2016 and was unannounced. We returned on 2 March 2016 to meet with more people who use the service and complete the inspection.

The inspection was completed by two inspectors. Before the inspection we looked at all information we hold about the service. We looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with seven people who use the service, six support staff, the manager and deputy head of the Grateley House School, who was the manager for all of the school's care services. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for four people. We also looked at records about the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Stratford Lodge. Comments included "I feel safe here. If there was a problem I would speak to staff or the manager" and "I am very happy here, I've never had any problems. Staff treat me well and I feel safe".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Where concerns had been raised, the manager and senior staff had worked well with the safeguarding authorities to address issues. Senior staff were open to the possibility that abuse may happen in the service and demonstrated through their actions that they listened to any concerns people spoke about and followed them up.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to administer their own medicine, travel independently and manage periods of anger and distress. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. We saw that people had been involved throughout this process and their views were recorded on the risk assessments. The views of people's parents were recorded where appropriate. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Records held by the manager demonstrated DBS check had been completed for all staff who worked in the service. The manager had access to the recruitment records for all staff employed by Grateley House School, as they could work in the service at times, in addition to the regular staff.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, "There are enough staff available when we need them". Staff told us they were able to provide the support people needed, with comments including, "There are sufficient staff to provide the support people need" and "We are able to meet people's needs, there are sufficient staff. It can be a struggle sometimes in the evenings". None of the people who use the service said they were restricted from taking part in activities they wanted to as a result of staffing levels. People told us they were able to take part in lots of different activities during the day and in the evenings. Staff said they worked together to cover sickness to ensure people's needs were met.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. A medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. People were supported to be as independent as possible with their medicines. There were clear plans in place setting out the support people needed to take their medicines and what they were able to do themselves. People were supported to set goals to increase their independence.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "I can't think of anything I don't like. I liked it at school, but it's much more independent here" and "Staff treat us well and provide good support".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were able to raise concerns outside of the formal supervision process if they needed to. Comments from staff included, "I have regular supervision and an annual appraisal. We are able to have genuine discussions with the managers to resolve any difficulties" and "We have very good managers, they are very approachable and supportive".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The manager had a record of all the training staff had completed, which was used to plan any training that was needed to ensure they kept their skills up to date. Some of the staff we spoke with said they would like some more specific training on mental health conditions, because they had noticed a change in the needs of people who were using the service. The manager said they had identified this training need following feedback from staff and had plans to provide this additional training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed MCA training and demonstrated a good understanding of its principles. At the time of the inspection all of the people using the service had capacity to make decisions about their care and support. There were no authorisations to restrict people's liberty under DoLS. We observed staff working in ways that gained people's consent before providing any support to them. Records showed staff had respected people's right to refuse support, for example refusing medicines. Where this had happened, staff had worked with people to explain the reasons their medicines had been prescribed and supported people to understand the consequences of not taking it. People told us they were not forced to do anything they did not want to.

One of the consent forms we saw in a file for a person who was 18 had been signed by their parents. We discussed this with the manager, who explained the form had been signed when the person was under 18, but had remained in their file since they turned 18. The manager said they would archive old forms like this

to ensure there was no confusion over who had authority to consent to people's care and treatment. This action had taken place by the second day of the inspection and the manager was developing a new process to review records for people as they turned 18.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. People said they were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently. Comments included, "The food is good. I do some of the cooking and staff do some. There is always enough food and there is plenty in the fridge" and "Food is good. They will do different things if needed, for example a spicy and a non-spicy curry. We are able to get snacks at any time, the fridge is always full". The chef from Grateley House School spent time at the home to prepare a range of meals and ingredients that were potted in portions and kept in the fridge. People were then able to make up meals based on their individual preferences. The chef said they got to know people at school and had built up knowledge of their likes and dislikes. The chef was able to prepare meals that took into account any specific needs, for example food intolerances or religious / cultural needs in relation to food.

People told us they were able to see health professionals where necessary, such as their GP. People had access to a range of services through Grateley House School, including psychiatry, psychology, speech and language therapy, occupational therapy and behavioural therapy. People's support plans described the support they needed to manage their health needs.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "There is a good atmosphere here, we all get on", "The staff are kind and treat me well" and "The staff give us good support". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff providing reassurance to one person about their plans for a forthcoming activity and discussing with another person what they had done during the recent half term holiday. Staff demonstrated a good understanding of people. Staff clearly cared about people and had worked to develop positive relationships with people.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way. Staff worked with people to engage in college and social activities where they were having difficulties with this.

People were involved in all decisions about their support. People had been involved in the development of their support plan and setting goals for their development. People had individual meetings with a personal tutor each week to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's support plans. The service had information about local advocacy services and had made sure advocacy was available to people. Advocates had attended the students' meetings that were held every two weeks. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example not discussing personal details in front of other people and giving people space and time when they wanted it.

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and family and take part in activities they enjoyed. One person told us they enjoyed attending a local music session and hoped to perform locally. Another person told us they enjoyed going out to the cinema and socialising with friends. In addition to their school and college work, people were supported to take part in work experience. The service had worked with local colleges to find employers who would provide a supportive placement for people in a workplace. The manager said this had really helped in supporting people to develop resilience to cope in the world outside of education and exposed people to new experiences in a supported way.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines, education programme and goals to develop skills to live independently. The support plans set out the person's needs and how they wanted them to be met. The service had worked with one person who was not engaging with their educational programme. Staff supported the person to move to what was described as a 'care curriculum', which was a programme of activities with one to one support from staff that had established a particular rapport with the person. This was planned with the intention of supporting the person to move back to an educational programme when they were able to. This gave staff access to information which enabled them to provide support in line with each person's individual needs and preferences. The plans were reviewed each week with people as part of their meetings with their personal tutor. We saw changes had been made following people's feedback in these reviews.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. People told us, "I would speak to the manager, or any of the staff if needed. I'm confident action would be taken" and "I would speak to my personal tutor or the manager if I had any problems. They would help sort the issue out". The manager reported the service had complaints procedures, which were provided to people when they moved in. Details of how to complain were included in people's support plans and were displayed on a noticeboard. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

The service had a house meeting every fortnight in which people could discuss their experiences and any concerns. The most recent meeting had included discussions on cyber bullying, illegal drugs, details of the advocacy service people could access and complaints. A presentation was being planned from a local drug and alcohol team to provide information and guidance to people.

Staff held a weekly meeting to discuss and plan the running of the service. The meetings included reviews of each person and their specific needs. The meetings assessed the support that people were receiving and whether any changes were needed, in light of the review of the plan with people's personal tutors. This helped to ensure all staff were up to date with people's changing needs and the support they should provide.

to people.

The service had a transition manager who was based at Grateley House School. Their role was to co-ordinate the support people needed as they moved into adulthood. Records contained details of regular support and planning meetings to ensure people were receiving the support they needed and accessing services that were relevant to them.

Is the service well-led?

Our findings

There was a registered manager in post at Stratford Lodge, but they were on a period of leave at the time of the inspection. The provider had informed CQC of the registered manager's absence and had put in place a manager to cover the post. The manager and the deputy head of Grateley House School, who had responsibility of care, were available throughout the inspection.

The service had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a supportive environment where people could develop the skills they needed to live independently in the world outside of education. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff said the registered manager was excellent and the covering manager had "big shoes to fill", but felt this had been achieved. Staff said they received the support they needed to do their job effectively.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "The management have a good understanding of what is happening at Stratford Lodge" and "The team works well together and we have a good manager". Although staff were positive about the support from local management, we received less positive feedback about the provider organisation. Staff felt senior manager's in the organisation did not have an understanding of the work that they did. We did not find any evidence that this was having a negative impact on the service provided at Stratford Lodge, but provided feedback to the manager and deputy head of Grateley House School about the views we had received.

The deputy head of Grateley House School visited the service every half term (approximately six weeks) to complete an 'on-site' assessment of the service provided. These included a review of each person using the service and a review of the audits that were being completed. The provider used an outside company to complete assessments of the systems to monitor health and safety, reviews of accident and incidents and medication reviews. The deputy head of Grateley House School also completed regular unannounced night visits to the service to ensure people were being provided with the support they needed in a safe and effective way. Any actions from these reviews were collated into the development plan for the service.

The provider employed an 'independent listener' to meet with people and receive feedback about the service provided. A report from the independent listener was provided to the management team. Any actions from the report had been included in the development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions.